



# Money Follows The Person

## Notice Of Denial Or Termination Letter



To: \_\_\_\_\_

Date: \_\_\_\_\_

Your participation in Money Follows the Person (MFP) has been given careful consideration.

A. In accordance with Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304, and the Georgia Money Follows the Person Policy and Procedures Manual Chapter 600, Section 600.6, Chapter 602, Section 602.5, Chapter 604, Section 604.2, Chapter 605, Section 605.1, you have been determined **ineligible** for MFP because:

- ☐ You have not resided in an inpatient facility (hospital, nursing facility, ICF) for at least 90 consecutive days; short-term rehabilitative stays do not count.
- ☐ You have not been receiving Medicaid benefits for inpatient services provided by an inpatient facility.
- ☐ You do not require the level of care provided in an inpatient facility.
- ☐ You did not transition into a qualified residence.
- ☐ You did not cooperate in the planning process.

B. In accordance with Deficit Reduction Act of 2006, Money Follows the Person Demonstration P.L. 109-171, Title VI, Subtitle A, Chapter. 6, Subchapter B, Sec 6071, 120; as amended by the Affordable Care Act of 2010, P.L. 111-148, Title II, Subtitle E, Sec 2403(a), (b)(1), 124 Stat. 304, and the Georgia Money Follows the Person Policy and Procedures Manual Chapter 600, Section 600.6, Chapter 602, Section 602.5, Chapter 605, Section 605.1, you have been determined **no longer eligible** for MFP because:

- ☐ You are no longer receiving Medicaid benefits.
- ☐ You have moved to a non-qualified residence.
- ☐ You no longer meet institutional level of care criteria.
- ☐ You have informed us that you no longer wish to participate in MFP.
- ☐ You have moved outside of the service area for the State of Georgia.

\_\_\_\_\_  
MFP Field Personnel Signature

\_\_\_\_\_  
MFP Field Personnel (Print Name)

\_\_\_\_\_  
Telephone Number

**If you disagree with this decision, you may request a fair hearing. Your request for a hearing must be received by the Department of Community Health within 30 calendar days from the date of this letter. Your request should be sent to the following address:**

Department of Community Health  
Legal Services Section  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, GA 30303-3159



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To: \_\_\_\_\_

Date: \_\_\_\_\_

## **NOTICE OF YOUR RIGHT TO A HEARING**

To request a hearing, you must ask for one in writing. Your request for a hearing must be *received* by the Department of Community Health within 30 calendar days from the date of this letter. You must include a copy of this Notice of Denial letter from the Money Follows the Person Transition Coordinator. Your request should be sent to the following address:

Department of Community Health  
Legal Services Section  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, GA 30303-3159

If you want to keep your services, you must send a written request for a hearing to the Department of Community Health. Your request for a hearing must be *received* by the Department within 30 calendar days from the date of this letter. If this action is sustained by a hearing decision, you may be held responsible for the repayment of continued services that were provided during the appeal.

The Office of State Administrative Hearings will notify you of the time, place, and date of your hearing. An Administrative Law Judge will hold the hearing. In the hearing, you may speak for yourself or let a friend or family member speak for you. You may also ask a lawyer for help. You may be able to get legal help at no cost. If you want a lawyer to help, you may call one of these numbers:

### **Georgia Legal Services Program**

800-498-9469 (statewide legal services, except for the counties served by Legal Aid)

### **Georgia Advocacy Office**

800-537-2329 (statewide advocacy for persons with disabilities or mental illness)

### **Atlanta Legal Aid**

404-377-0701 (DeKalb/Gwinnett Counties)

770-528-2565 (Cobb County)

404-524-5811 (Fulton County)

404-669-0233 (S. Fulton/Clayton County)

### **State Ombudsman Office**

888-454-5826